

**STATE ETHICS COMMISSION**

1001 Bishop Street, Pacific Tower 970

P.O. Box 616, Honolulu, Hawaii 96809

Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT*(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)*

NAME: Lynn Donovan	STATE POSITION: Pharmacy Consultant
STATE AGENCY: Department of Human Services	STATE TEL NO.: 692-8116
STATE MAILING ADDRESS: P.O. Box 700190, Kapolei, HI 96709-0190	

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
American Medicaid Pharmacy Administrators Association (AMPAA)	R/T airfare: Boston, MA - Honolulu Ground transportation, hotel, meals.	7/16/03	\$1,289.00	
Western Medicaid Pharmacy Administrators Association (WMPAA)	R/T airfare: St. Paul, MN - Honolulu Ground transportation, hotel, meals.	8/20/03	\$1,433.00	

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	RECEIVED			
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	STATE OF HAWAII			
	STATE ETHICS COMMISSION			

☐ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: Lynn S. Dineen

DATE: 6/1/04